

Application Data Sheet

Application Information

Application number::
Filing Date:: 1/23/2002
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Premixed Calcium Phosphate Cement Pastes
Attorney Docket Number:: 10118.00012
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Laurence
Middle Name:: C.
Family Name:: Chow
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: MD
Country of Residence:: USA
Street of mailing address:: 20517 Anndyke Way
City of mailing address:: Germanown
State or Province of mailing address:: MD
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shozo
Middle Name::
Family Name:: Takagi
Name Suffix::
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: USA
Street of mailing address:: 17 Leatherleaf Court
City of mailing address:: Gaithersburg

State or Province of mailing address:: MD
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 20878

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Non-provisional of	60/263,894	Januaray 24, 2001

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: American Dental Association Health Foundation
Street of mailing address:: 211 East Chicago Avenue
City of mailing address:: Chicago
State or Province of mailing address:: IL
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 60611